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## \*BIBDATASHEET\*

CONFIRMATION NO. 9000

Bib Data Sheet

SERIAL NUMBER 10/092,333	FILING DATE 03/06/2002  RULE	CLASS 345	GROUP ART UNIT 2674	ATTORNEY DOCKET NO. 01-484
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## APPLICANTS

Imed Gharsalli, Peoria, IL;

Daniel E. Shearer, Metamora, IL;

## \*\* CONTINUING DATA \*\*\*\*\*

YES KN

This appln claims benefit of 60/341,561 12/14/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

N/A KN

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/04/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>Kindling</i> Initials: <i>mm</i>	STATE OR COUNTRY IL	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
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## ADDRESS

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 CATERPILLAR INC.  
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 PEORIA, IL  
 616296490

## TITLE

Input/output interface control

FILING FEE  RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
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Bib Data Sheet

CONFIRMATION NO. 9000

<b>SERIAL NUMBER</b> 10/092,333	<b>FILING DATE</b> 03/06/2002 <b>RULE</b>	<b>CLASS</b> 710	<b>GROUP ART UNIT</b> 2181	<b>ATTORNEY DOCKET NO.</b> 01-484	
<b>APPLICANTS</b> Imed Gharsalli, Peoria, IL; Daniel E. Shearer, Metamora, IL;					
<b>** CONTINUING DATA *****</b> <i>YES KN</i> THIS APPLN CLAIMS BENEFIT OF 60/341,561 12/14/2001					
<b>** FOREIGN APPLICATIONS *****</b> <i>N/A</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/04/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Kimberly M. ...</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 719					
<b>TITLE</b> Input/output interface control					
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		